

FORM LM-30

LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11789</u>	2. Fiscal Year Covered From: <u>1/1/2004</u> Through: <u>12/31/2004</u>
3. Name and address of person filing. Name <u>Paylins R Schuetz</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1870 E 19th ST</u> City <u>Cleveland</u> State <u>OHIO</u> ZIP Code + 4 <u>44114</u>	4. Name, file number, and address of labor organization. Name <u>BCTGM LU 19</u> Labor Organization File Number <u>022-303</u> P.O. Box, Building and Room Number, if any _____ Street <u>1870 E 19th ST</u> City <u>Cleveland</u> State <u>OHIO</u> ZIP Code + 4 <u>44114</u>
5. Position in labor organization. <u>Corresponding Sec / Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <u>NONE</u> 7.b. Amount. <u>0</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Signature]

On 8/11/05  
Date

216-771-5386  
Telephone Number

Name of Person Filing <u>Doug Schuetz</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BAIRD ASSETS  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any:   
Street 777 E. Wisconsin Ave  
City Milwaukee  
State WISCONSIN ZIP Code + 4 53202

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name C.B. IT Pension Fund  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any:   
Street 1870 E 19th St  
City Cleveland  
State OHIO ZIP Code + 4 44114

11.a. Nature of such dealing.

Investment manager

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

VENDOR sponsored Dinner + Discussion

12.b. Amount.

150.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any:   
Street   
City   
State  ZIP Code + 4

14.a. Nature of payment.

NONE

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

0

Name of Person Filing <u>Doug Schueltz</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BAKERS LOCAL #19 CEF FUND  
Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any: \_\_\_\_\_  
Street 1870 E 19th St  
City Cleveland  
State OHIO ZIP Code + 4 44114

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Bakers Local Union #19  
Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any: \_\_\_\_\_  
Street 1870 E 19th St  
City Cleveland  
State OHIO ZIP Code + 4 44114

11.a. Nature of such dealing.

TACT HARTLEY FUND That I am a participant in.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Post Holiday Luncheon meeting

12.b. Amount.

96.54

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: \_\_\_\_\_  
Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP Code + 4: \_\_\_\_\_

14.a. Nature of payment.

NONE

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

0

Name of Person Filing <u>Doug Schuetz</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name: <u>BAKERS UNION #19 CER. FUND</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: <u>1870 E 19th ST</u></p> <p>City: <u>Cleveland</u></p> <p>State: <u>OHIO</u> ZIP Code + 4: <u>44114</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: <u>BAKERS UNION #19 UNION</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: <u>1870 E 19th ST</u></p> <p>City: <u>Cleveland</u></p> <p>State: <u>OHIO</u> ZIP Code + 4: <u>44114</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>TRUST - Hartley Fund</u> <u>THAT I am a participant</u></p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p><u>DINNER FOR STAFF AT</u> <u>TRUST sponsored event</u> <u>OUT OF TOWN</u></p> <p>12.b. Amount. <u>46.13</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <p style="font-size: 2em; text-align: center;">NONE</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment <u>0</u></p>

Name of Person Filing <u>Doug Schuetz</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Independent Fiduciary Services

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street 805 15th ST N.W. Suite 1120

City Washington

State D.C. ZIP Code + 4 20005

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name C.B.I.T Pension Fund

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street 1570 E 14th ST

City Cleveland

State OHIO ZIP Code + 4 44114

11.a. Nature of such dealing.

Investment Advisor

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11.b. Approximate dollar value of such dealing. 76,347.00

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12.a. Nature of interest held or income received.

Activities AND MEALS AT Client Conference

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12.b. Amount. 661.70

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

NONE

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14.b. Amount of payment 0

13.b. Is the Business an Employer or Consultant ?

Name of Person Filing

Doug Schuetz

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Independent Fiduciary Services

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 805 15th ST N.W. Suite 1120

City Washington

State D.C. ZIP Code + 4 20005

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name C.B. + T Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1870 E 19th ST

City Cleveland

State OHIO ZIP Code + 4 44114

11.a. Nature of such dealing.

Investment Advisor

11.b. Approximate dollar value of such dealing.

76,347.00

12.a. Nature of interest held or income received.

Holiday Gift

12.b. Amount.

36.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

NONE

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment

0

Name of Person Filing <u>Doug Schuetz</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Key Bank/Victory Capital</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>4900 Tiedeman</u></p> <p>City <u>Brooklyn</u></p> <p>State <u>OHIO</u> ZIP Code + 4 <u>44144</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>C.B.T. Pension Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>1870 E 19th</u></p> <p>City <u>Cleveland</u></p> <p>State <u>OHIO</u> ZIP Code + 4 <u>44114</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Custodian of Trust Assets</u></p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p><u>Attendance at Sporting event with occasional custodial Fund Assets</u></p> <p>12.b. Amount. <u>252.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p><u>NONE</u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u>0</u></p>

Name of Person Filing

Doug Schultz

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Medical Mutual of OhioTrade Name, if any: P.O. Box, Bldg., Room No., if any: Street 2060 East Ninth StCity ClevelandState Ohio ZIP Code + 4 44113

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name C.B.T. Health Welfare FundTrade Name, if any: P.O. Box, Bldg., Room No., if any: Street 1870 E. 19th StCity ClevelandState Ohio ZIP Code + 4 44114

11.a. Nature of such dealing.

third party, administrator  
and insurance co. for  
employee benefit claims

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Attendance at sporting event  
for discussion with service  
provider

12.b. Amount.

88.75

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State  ZIP Code + 4 

14.a. Nature of payment.

NOTE13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

0



Name of Person Filing

Dorey Schuetz

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Medical Mutual of OhioTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 2060 East Ninth StCity ClevelandState Ohio ZIP Code + 4 44115

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name C.B.T. Health + Welfare FundTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1870 E. 19th St.City ClevelandState Ohio ZIP Code + 4 44114

11.a. Nature of such dealing.

third party administrator  
and insurance co. for  
employer benefit claims

11.b. Approximate dollar value of such dealing. 

12.a. Nature of interest held or income received.

Attendance at sporting  
event for discussion with  
service provider

12.b. Amount. 320.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

None

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment. 0

Name of Person Filing

Doug Schuetz

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Boyo Waterson

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 600

Street 1801 E 9th St

City Cleve

State Oh ZIP Code + 4 44114

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name C.B. &amp; T Pension

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1570 E 19th St

City Cleveland

State Ohio ZIP Code + 4 44114

11.a. Nature of such dealing.

Investment Manager  
Subsequently Terminated  
By The Funds

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Vendor Sponsored  
Sporting event +  
Discussion

12.b. Amount.

202.66

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

None

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

0

Name of Person Filing

Doug Schwartz

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Boyd Waterson

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1000

Street 1801 E 9th St

City Cleve

State OH ZIP Code + 4 44114

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name C.B. &amp; T. Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1870 E 19th St

City Cleveland

State OH 44 ZIP Code + 4 44114

11.a. Nature of such dealing.

Investment Manager  
Subsequently Terminated  
By The Funds

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Vendor Sponsored  
Dinner + Discussion

12.b. Amount.

176.26

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

None

14.b. Amount of payment.

0

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

Name of Person Filing

Doug Schuetz

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Boyd Winterson

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Suite 600

Street

1801 E 9th St

City

CLEVE

State

OH

ZIP Code + 4

44114

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

C.B. + T PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

1570 E 19th St

City

Cleveland

State

OH 44114

ZIP Code + 4

44114

11.a. Nature of such dealing.

Investment Manager  
Subsequently Terminated  
By the Fund

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Vendor Sponsored  
Dinner + Discussion

12.b. Amount.

124.15

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

NONE

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

0

Name of Person Filing

Doug Schwetz

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Faulkner, Muskowitz, Phillips

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 9th FloorStreet 825 W Superior AveCity CleveState Oh ZIP Code + 4 44113

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Bakers Union #19

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1870 E 19th StCity ClevelandState OHIO ZIP Code + 4 44114

11.a. Nature of such dealing.

Legal Counsel  
For Labor Organization

11.b. Approximate dollar value of such dealing.

- 0 -

12.a. Nature of interest held or income received.

Holiday Gift

12.b. Amount.

54.95

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

None13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

0

Name of Person Filing

Doug Schuetz

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CB&amp;T H&amp;W Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1870 E 19th St

City Cleveland

State OHIO ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CB&amp;T H&amp;W Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1870 E 19th St

City Cleveland

State OHIO ZIP Code + 4 44114

11.a. Nature of such dealing.

Health &amp; Welfare Fund alternate Trustee

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Net per diem expenses while attending National Labor Management Conference

12.b. Amount.

838.41

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

None

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

0

Name of Person Filing

Doug Schuetz

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CBT Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 1870 E. 19th St.

City Cleveland

State Ohio ZIP Code + 4 44114

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CBT Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 1870 E. 19th St.

City Cleveland

State Ohio ZIP Code + 4 44114

11.a. Nature of such dealing.

Pension Fund trustee

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

National labor management  
Conference registration

12.b. Amount.

795.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

14.a. Nature of payment.

done

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

0